## 1. THE MANAGEMENT SYSTEMS CERTIFICATION PROCESS

1.1 **Purpose**: The purpose of this procedure is to ensure that the Certification process of ISO 22000 and HACCP management systems and subsequent surveillance audits of organizations are done consistently in accordance with: - ZWS ISO/IEC 17021 and ZWS ISO 22003-1.

1.2 **Scope** : This procedure covers the Certification process, i.e. from the inquiry stage through to actual Certification and the ongoing surveillance audits of organizations' Food Safety management systems.

1.3 **Responsibility**: The CS management is responsible for implementing, maintaining, improving and revising this procedure.

1.4 **Relevant Documents**:

Forms
QA F/1b, QA F/2b, QA F/4, QA F/5, QA F/6, QA F/7, QA F/7a, QA F/35D, QA F/37, QA F/44, QA F/60FSMS or 60aFSMS, QA F/57FSMS,

Standards
ZWS ISO 22000, ZWS ISO 22003-1, ZWS ISO 19011, ZWS ISO 17021

IAF DOCUMENTS
IAF MD 1: IAF MD 2: IAF MD 4:IAF MD 11; IAF MD 27

Other Documents
Audit Plan (QAF 100), Audit program (QA F90)

1.5 **Activity Description**: The description of the management system certification process for FSMS. In order to clarify what happens at some of the stages during the Certification process, an outline of those chosen activities is given below.

### 1.5.1 General Guidance

1.5.1.1 The Director CS, Manager CS, Management Systems Auditors or any delegated personnel to offer general guidance on the requirements of the various standards on offer for certification and the certification process.

1.5.1.2 An information pack **(Certification process questionnaire, Guidance to certification process)** on the Certification process and the series of standards on offer is given to those prospective applicants who express their serious wish to implement any or a combination of the management systems.

1.5.1.3 It is important to note that CS does not offer consultancy services to organizations implementing management system standards.

1.5.1.4 It is necessary that at enquiry stage, the organization furnishes the Lead Audtor with adequate information for the auditor time to be determined. This information is used to complete the Determination of Auditor Time Form (QA F/57FSMS) according to PR38b - Procedure Determination of Auditor Time for FSSC/ISO 22 000 FSMS Certification. Enquiries shall be captured on the Certification questionnaire by the client or by anyone who receives enquiry from a client. The enquiry shall be forwarded to the relevant Lead auditor or Trainee Auditor who shall ensure that audit time has been determined. The Audit Time Calculations shall be approved by the Manager CS or Director CS.

**1.5.2 Quotation for Certification**

1.5.2.1 The CS Manager shall approve the audit time forms and ensure a quotation is prepared and sent to the client by the respective Lead auditor.

1.5.2.2 The quotation is drawn up according to the auditor days determined. In some cases, it is possible to do a quotation after receiving application forms from the potential client.

1.5.2.3 If the Quotation is accepted, the organization completes an application form QAF/01b which is reviewed as in Section 1.5.3 of this procedure. On acceptance of the application, the client and the CS Director or CS Manager sign a legally binding agreement/contract, QA F/02b.

1.5.2.4 The processing of the organization's application can only commence after they have formally confirmed by completing and submitting the application form, QA F/1b, which the Director/ Manager CS has to either accept or reject.

1.5.2.5 Quotations shall be revised on request, whenever there are changes in operating charges.

**1.5.3 Application Review**

1.5.3.1 The organization shall fill in the application form i.e. QA F/1b preferably when their documentation is ready for evaluation.

1.5.3.2 On receipt of the application form, the Auditor shall review the application and propose an audit team; and a technical advisor where such competence is not available in the Registration Approval Board (RAB). If competency is available or if it can be made available within 12 months, the Manager CS accepts the application. If there is no competency and it cannot be made available within 12 months, the application is rejected and the client is made aware of the reasons. When the application has been reviewed, the Document Controller opens an RaFSMS file for the organization with a unique identification.

1.5.3.3 The Manager/Director CS shall assess the application form and confirm acceptance or rejection.

1.5.3.4 The Manager/Director CS shall also verify whether the categories on the application form is/are aalready covered on the Southern Africa Development Community Accreditation Services( SADCAS).

1.5.3.5 If the scope is not covered, the Manager CS shall formally make an application to the accreditation body for the relevant scope. For critical scopes, the accreditation body shall be invited to witness the stage 2 audit followed by office file assessment. A certificate with the accreditation body shall only be issued to the client after the accreditation body has formally communicated to SAZ CS that the extension of scope has been granted. This shall also have been communicated to the applicant that their scope is not yet under the scope of accreditation and that the accreditation body will have to witness their stage 2 audit. For noncritical scopes, the CS Manager shall make application to the accreditation body for scope extension and either invite the accreditation body assessment of the file or the file can be send to the accreditation body for scope extension consideration.

SAZ CS can alternatively accept the application for non-accredited scopes and proceed to certify the client but they will be issued with a certificate that does not bear the accreditation body symbol and the client will have been informed of this at application review. The CS Manager shall apply to the accreditation body for scope extension where witnessing (for critical scopes) assessment of the file may be carried during scheduled surveillance assessments.

1.5.3.6 The Organization reserves the right to object to an audit Team Member(s) and Procedure PR34 shall be followed.

1.5.3.7 All audit team members shall meet the competence requirements set out Attachment 1 to PM17. Auditor competencies are documented on QA F37 - Competence Matrix.
The audit team shall have the combined competence for the food chain sub-categories supporting the scope of the audit and following the requirements of ISO/IEC 17021-1 and ISO 22003-1.
An auditor is not allowed to perform more than two 3-year certification cycles at the same certified site either as lead auditor or co-auditor. If an auditor starts auditing within a certification cycle he/she will be rotated out after six (6) years for a minimum of one year."

1.5.3.8 **Identifying the scope of certification**
When activities are carried out in different premises but are overseen by the same senior, operational, and technical management, and are covered by the one FSMS system, the scope can be expanded to include those off-site activities (e.g. offsite catering kitchens). The scope of certification forms part of the certificate of registration. It describes the food sector categories (refer ISO 22003-1 ANNEX A) and the products processed and handled on that site. The certificate of registration outlines the location of the site and nature and extent of the FSMS certification.
The audit scope will be agreed between the client and SAZ Certification Services before the certification audit begins. The scope of the audit shall cover the required level of certification, the food sector categories, and the products listed under the scope of certification for a site. The audit scope shall cover all processes under the control of a site from raw material receipt to shipment of finished product.
SAZ shall define the relevant scope for the organization applying for FSMS certification. The audit scope shall describe the extent and boundaries of the audit.
SAZ shall not exclude activities, processes, products or services when those activities, processes, products or services can have an influence on the food safety of the end products as defined in the scope of certification. Where permitted exclusions apply, this shall be motivated in the report and the certificate shall reference the exclusion as part of the scope statement.

**1.5.4 <u>Stage 1 Audit</u>**

1.5.4.1 **Purpose**

- To verify the physical address and Certification status of organization;
- To review the extent to which:
  - the organization has identified PRPS that are appropriate to the business

- The FSMS includes adequate processes and methods for the identification and implementation of relevant food safety regulation
- The FSMS includes adequate processes and methods for the identification and assessment of the organisation's food safety hazards, and subsequent selection and categorization of control measures (combinations)
- The FSMS is designed to achieve the organisation's food safety policy
- The validation of control measures, verification of activities and improvement programmes conform to the requirements of the FSMS standard and whether the documented management system complies with the requirements of the relevant standard
- The FSMS documents and arrangements are in place to communicate internally and with relevant interested parties, suppliers and customers

- To check from discussions, the organization's status and understanding of the standard requirements (system documentation, planning, operational control, management reviews, internal audits, corrective and risk assessment processes); status concerning the identification of key performance or significant aspects, processes, objectives, and operation of the management system;
- To determine the scope of the management system and related statutory and regulatory requirements and compliance;
- To assess the organization's preparedness for stage 2/certification or recertification audit
- To verify and confirm adequacy of information supplied on the application form.
- Where there are externally developed elements of the FSMS the organisation's documentation shall be reviewed to determine of the combination of control measures is:
  - Suitable for the organization
  - Was developed in conformity to the requirements of ISO 22000 or other sets of specified FSMS requirements
  - Is kept up to date

1.5.4.2 The Lead Auditor or Trainee Auditor shall contact the organization to agree on the date for the audit and the audit shall be conducted on site. In extraordinary cases the upon approval by CS Manager or CS Director the Stage 1 audit can be done offsite. The Auditor(s) who undertake(s) the stage 1 shall have the necessary competence for the category/subcategory. There shall be the necessary competence within an audit team.

1.5.4.3 The Auditors shall assess the documentation and interview a representative sample

of personnel throughout the structure of the organization to assess the level of awareness of the standard to which certification is being sought. The level of preparedness for the Stage 2 Audit is determined from the findings raised in the documentation and the concerns raised from the interviews, as well as from the capacity within the SAZ to provide the certification service. A report is prepared on the FSMS Standard Report (QA F/60a FSMS). The applicant shall be required to institute corrective action on issues of concern raised during stage 1 and request SAZ CS to come for stage 2 when they are satisfied that the issues have been addressed. The Stage 2 Audit shall be conducted within 6 months after Stage 1 Audit and there shall be no extension. Where the document evaluation does not meet the minimum requirements, a re-audit of the full documentation shall be done at the client's expense.

1.5.4.5 The Lead Auditor or Trainee Auditor shall return the Stage I Audit Report, QA F/60a FSMS, for review and to the Manager CS for approval. There might be need to send back the Stage I Audit Report, to the Lead Auditor or Trainee Auditor for corrections or amendments before the final report is approved. The report is passed on to the Auditor to review the requirements of CS for readiness for the Stage II audit. The review shall include (i) availability of competent auditors, (ii) the actual auditor time required for Stage II and (iii) decision on how much time SAZ CS needs to prepare for this audit.

1.5.4.6 The output of the Stage 1 audit is a completed Stage 1 audit report, QA F/60aFSMS for the management system and an invoice for the audit. Relevant checklists shall be used for each system. Within QA F/60FSMS and/or 60aFSMS there is a declaration by the organization of any consultants that may have been used in between audits. Both the organization and the auditor are also supposed to declare any gifts that may have been issued to the auditor(s) after the audit to ensure the impartiality of the auditor during the audit process. An auditor shall not accept any gift whose price exceeds US$20,00

1.5.4.8 For multi-site organizations, the same audit team should be maintained as much as possible throughout the audit period and where this is not possible, the audit team leader shall at least be maintained throughout the audit of some sites. The team leader shall consolidate the audit findings and the report from his/her team and any other teams involved.

1.5.4.9 If the organization requests a typed audit report, the respective Lead Auditor or Trainee Auditor shall ensure that such a report has been provided within 5 working days of audit date.

1.6 **Preparation for the Stage 2/Certification/Recertification/Surveillance, Unannounced Audits:**

1.6.1 As part of preparation for the Stage 2 audit ensure that:

- The Determination of Auditor Time Form QA F/57FSMS was completed
- A quotation was issued to organization.
- Application form was completed in full.
- Certification Contract (QA F/02b) is signed by both parties, CS Director & the Organization
- Scope and boundaries were determined (QA F/01B, QA F/57FSMS, and/or QA F/50) form.
- The client has confirmed that IDE issues of concern were addressed.
- Competent auditors were identified.
- All invoices were paid for, and
- Submited the IDE report and the above together with the initial audit programme, agenda, checklist etc. to the Manager CS for approval.

**NOTE 1:** It must be noted that preparation for an audit is a very essential stage during the Certification process and it determines the quality of the output of an audit.

NOTE 2: Stage 2 audit shall be done within 6 months of Stage 1 Audit. Failure to get the audit done within 6 months will result in a repeat of the Stage 1 audit.

1.6.2 Using the Auditor's Competency Matrix (QA F/37), the Lead Auditor or Trainee Auditor shall appoint the audit team members according to their competences. The policy of the department is to ensure that appropriately qualified personnel comprise an audit team.

1.6.3 The Management System Auditor shall determine the audit time and the competent audit team and have this approved by the Manager CS before notifying the Organization to be audited and the audit team on the audit dates.

1.6.4 The Lead auditor or Trainee Auditor shall prepare an audit plan and have it approved by the CS Manager. The audit plan shall also indicate the need to review Stage1/IDE issues/areas of concern.

1.6.5 The Lead auditor or Trainee Auditor shall send a notification together with the audit plan to the organization at least 2 weeks before the audit date for confirmed audits. Where this is not possible the auditor and organization shall agree o audit dates and the audit plan is sent as soon as the agreement is done.

1.6.6 The Lead auditor or Trainee Auditor shall also forward the following documents together with the notification:

**1.6.7** **The Organization - 2 weeks before the audit date, for confirmed audits, (except for Unannounced Audits)**

- Audit Plan (QA F/100)
- Opening Meeting Agenda - QA F/5
- Closing Meeting Agenda - QA F/6
- A notification informing the organization of the audit date and time and requesting that senior management be present during the opening and closing meetings and that the organization's consultant(s) be absent for the time of the audit to uphold the principle of impartiality.

**1.6.8** **The Team Leader or Trainee Auditor shall have access to updated versions of the following working documents:**

- Audit Plan (QA F/100)
- Attendance List/Register (QA F/4)
- Audit Observation Report (QA F/7)
- Relevant Audit Observation Summary (QA F/44)
- FSMS Standard Report (QA F/60FSMS) Template
- Audit Opening and Closing Meeting Aids - (especially for new auditors under observation/assessment)
- Relevant Generic System Audit Checklist , HACCP 35, FSMS 35d and PRP checklist.

1.6.9 **Other Audit Team members within 2 weeks of the audit date**

- Shall be informed of audit date and time by phone or any other convenient means
- Audit Plan (QA F/100)
- Opening Meeting Agenda (QA F/5)
- Closing Meeting Agenda (QA F/6)
- Relevant Generic Audit checklist
  HACCP 35, FSMS 35d.

1.6.10 In addition to the mentioned documents, all audit team members shall have a copy of the standard for relevant audits they are carrying out:

- ZWS ISO 22 000, ISO/TS 22 002-Part X, HACCP ZWS 749 etc.

1.6.11 The Lead auditor shall make necessary transport arrangements after approval by Manager CS for the audit team in writing in the audit notification to allow the organization time to prepare. If there is a serious problem regarding availability of resources, the Director CS shall be notified.

1.6.12 The notification shall contain all the necessary information including: the names of the Audit Team members to allow sufficient time for the organization to exercise their right to formally object, with valid reasons to the appointment of any of the audit team as soon as they receive the audit notification. The auditor who planned the audit, in consultation with the Manager CS shall ensure that the audit team is reconstituted in response. Attached, shall be the agendas for the opening and closing meeting, with guidelines on the classification of nonconformities.

1.6.13 The audit team shall also go through the previous audit records to check on past performance as part of their preparations.

1.6.14 The Lead Auditor or Trainee Auditor conduct on-site audits in accordance with the requirements of ZWS ISO 17021, ZWS ISO 22003-1 and CS procedures.

1.6.15 In addition to visiting physical locations (e.g. factory and/or offices), on-site audits can include remote access to electronic site(s) which contain(s) information that is relevant to the audit of the management system. Such audits shall be conducted, where appropriate, according to the requirements in the IAF Mandatory Document MD 4: IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes may be employed and as guided by the Accreditation Body requirements.

## 1.7 Terms of Reference for the Audit Team

1.7.1 The mandate of an audit team shall be to examine objectively and impartially The structure, policies and procedures of the organization.

- the audit team shall assess and confirm whether the above meet the requirements of the relevant standard applicable to the scope of Certification;
- that the system is implemented and is effective by verifying enough records generated during the implementation process;
- the degree of reliance that can be placed on the internal audit process;
- the qualification, authority and experience of the staff encountered;
- the adequacy of the internal structure;
- the actions taken to correct identified non-conformities including those identified in previous audits;

**NOTE:** The audit team shall assess and comment on the above during the auditors' meeting, closing meeting and in the audit report.

**1.8 The Opening Meeting**

1.8.1 The audit shall begin with the opening meeting between organization's management and the audit team. The agenda for the opening meeting shall be as outlined in Form **QA F/5**.

1.8.2 The meeting shall be chaired by the audit team leader making use **of QAF/5**. The rules and the tone of the audit are set during this meeting.

**1.9 Conducting the Audit/Collecting Evidence**

1.9.1 Auditors are to ensure that all the audit checklists are filled in adequately in order to create an audit trail and proper corroboration. "Yes" and "No" answers without the supporting evidence are not acceptable.

1.9.2 The auditors shall submit all the audit records to the full time auditors who shall review whether all the audit records are completed in full and raise any observations on them to the auditors' attention. The reports are handed over to the Manager CS for approval.

1.9.3 Auditors should at all times be critical of issues with the intention to add value during the audit and be careful not to consult.

1.9.4 The audit shall always be based on a representative sampling basis, so that the auditors can have a good appreciation of the management system and draw representative, logical conclusions. The auditor shall write nonconformities on QA F/7, which shall be signed by a representative of the auditee; this is just to confirm the finding at the particular time and does not mean that they are responsible for the nonconformity. The audit teams shall be briefing each other on progress as they proceed with the audit.

**NOTE**: It is important to note that the auditors will audit the system and not the individuals.

1.10 **Audit Findings**

There are two types of audit findings that auditors can come across during an FSMS audit:

a) Nonconformity (Major or Minor)
b) Conformity

The nonconformities shall be classified into "Major and Minor" according to FSMS using the following guidelines:

**1.10.1 Nonconformity grading**

As defined below, the SAZ CS has established and maintained criteria as a reference against which to determine the level of nonconformities resulting in two grading levels: a) Minor nonconformity, b) Major nonconformity.

**1.10.1.1 Opportunity for improvement**

Areas where the organization is not violating the audit criteria but has room to Improve. Areas where the organization is violating requirements, which are not part of the audit criteria.

**1.10.1.2 Minor nonconformity**

A minor nonconformity shall be issued when the finding does not affect the capability of the management system to achieve the intended results:

1) When a minor nonconformity is issued during an audit, the organization must provide SAZ CS with objective evidence of an investigation into causative factors, exposed risks and the proposed corrective action plan (CAP). This shall be provided to the auditor within one month after the audit for approval by SAZ CS.
2) Corrective action (CA) shall be implemented by the organization within 4 months after the audit.
3) SAZ CS shall review the design of the corrective action plan, challenge it and approve it when acceptable.
4) Implementation of the corrective action plan shall be reviewed, at the latest, at the next scheduled on-site audit. SAZ CS shall review the corrective action plan and determine its effectiveness of implementation through recording auditor name and date of review on the CAP.
5) A major nonconformity is raised (on management responsibility and resource allocation) in the event of non-completion of the approved action plan at the next scheduled on-site audit.

**1.10.1.3 Major nonconformities**

A major nonconformity shall be issued when the finding affects the capability of the management system to achieve the intended results:

1) When a major nonconformity is issued during an audit, the organization shall provide SAZ CS with objective evidence of an investigation into causative

factors, exposed risks and evidence of effective implementation. This shall be provided to SAZ CS within one month after the audit.

2) Corrective action shall be implemented by the organization within 2 months after the audit.

3) The major nonconformity shall be closed by SAZ CS within a further 14 days after implementation of the corrective action by the organization. The organization shall submit objective evidence of implementation to SAZ CS.

4) SAZ CS shall review the corrective action plan and related objective evidence of implementation, challenge it if necessary and determine its effectiveness and approve the CAP and CA through recording his/her name and date of review on the CAP.

5) SAZ CS shall conduct a follow-up audit to verify the implementation of the CA to close the major nonconformity. In cases where documentary evidence is sufficient to close out the major nonconformity, SAZ CS may decide to perform a desk review.

6) The completion of corrective actions might take more time depending on the potential severity of the major nonconformity and the amount of work necessary to eliminate the causative factors. In such cases the CAP shall include any temporary measures or controls necessary to mitigate the risk until the permanent corrective action is implemented. A follow-up audit shall be conducted to verify the permanent corrective action and to close the major nonconformity.

From the above guideline, the Audit Team should then be able to decide what constitutes System Failure/System Breakdown

Where The audit team note that there is a System Breakdown/Failure, action may include but not limited to the following conditions:

**1.10.1.5 Certificate suspension, withdrawal or scope reduction, the following criteria apply;**

a) SAZ CS shall suspend/withdraw a certification when there is evidence that their client is either unable or unwilling to establish and maintain conformity with certification requirements within the time frames applicable to the clearance of nonconformities

b) When SAZ CS has evidence that their client holds a certificate whose scope exceeds their capability or capacity to meet, SAZ CS shall reduce the certification scope accordingly.

2) Examples include:

a) The organization's certified management system has persistently or seriously failed to meet the certification requirements, including requirements for the effectiveness of the management system.

c) Immediate risk to the safety of the product impacting consumer health.
d) The certified organization does not allow surveillance or recertification audits to be conducted at the required frequencies.
e) The certified organization has voluntarily requested a suspension.

**1.10.1.6 Action upon suspension, withdrawal and scope reduction:**

1) In case of withdrawal or suspension, the organizations' management system certification is invalid. SAZ CS shall within 5 working days:
a) immediately change the status of the certified organization on the Register of Certified Organizations and shall take any other measures it deems appropriate;
b) inform the organization in writing of the withdrawal or suspension decision within five (5) days after the decision was made and confirm the decision;
c) instruct the organization to take appropriate steps in order to inform its clients through various forms of communication such as advertising and product labelling where applicable.
2) In case of scope reduction, the organizations' management system certification is invalid beyond the revised certification scope statement. SAZ CS shall within 5 working days:
a) immediately change the scope of the certified organization on the Register of Certified Organizations and shall take any other measures it deems appropriate.
b) inform the organization in writing of the scope change within five (5) days after the decision.
c) instruct the organization to take appropriate steps in order to inform its clients through various forms of communication such as advertising and product labelling where applicable.

In cases where the audit team identify nonconformities**,** they shall not recommend specific solutions as this is regarded as providing consultancy during an audit. Nonconformities shall be recorded on form QA F/7.

1.11 **The Auditors' Meeting**

The auditors' meeting is basically to summarise the audit findings to be presented to management in the closing meeting by the Lead Auditor or Trainee Auditor. The Lead Auditor or Trainee Auditor shall chair this meeting.

1.11.1 The audit team shall discuss and make their recommendations and observations to the audit team leader who shall take note and make his/her remarks to this effect in the closing meeting. The team encourages and solicits for input from the team members in order to have a balanced view on the status of the management system.

NOTE: The audit team shall recommend or not recommend an organization for Certification to the Registration Approval Board (RAB); the RAB shall, however, have the final approval. The audit findings and any other observations constitute the objective evidence the auditors shall use to make the recommendation to the **Manager CS forward** the organization's file to the RAB for granting or not granting the certification.

1.12. **The Closing Meeting**

1.12.1 The Closing Meeting is the concluding meeting of the audit and is the formal presentation by the Lead Auditor or Trainee Auditor of the findings and conclusion of the audit to the organization's management. The Lead Auditor or Trainee Auditor chairs the meeting and shall work through the Closing Meeting Agenda (QA F/6).

1.12.2. The Lead Auditor or Trainee Auditor circulates around the Attendance register, QA F/4 to be filled in by each attendee.

1.12.3 The Lead Auditor or Trainee Auditor shall ensure that the organization is represented by senior management at the closing meeting.

1.12.4 The Lead Auditor or Trainee Auditor shall inform the organization of the requirement to analyze the cause(s) of nonconformities and describe in a corrective action report, the specific correction(s) and corrective action(s) taken or planned to be taken, to eliminate the detected nonconformities. The deadlines for submission of corrective action reports are as set in 1.14.5.

1.12.5 The Lead Auditor or Trainee Auditor shall issue a typed FSMS Standard Report (QAF60FSMS) and Nonconformance Report (QAF7). QA F7 shall be left on the last day of the audit, which they can use to initiate corrective action.

1.12.6 Following submission of the corrective action report by the client, the Lead auditor shall go through the corrective action report to check if the causes of all nonconformities have been determined. If not the organization is informed in writing and the corrective action report shall not be cleared. The organization shall be required to re-submit the corrective action report with root causes within a week of being informed of the state of the corrective action report**.**

1.12.7 For an Initial Audit/Stage 2, if major NCs are not verified for implementation of corrections and corrective actions cleared within 6 months of the audit, the stage 2 audit shall be repeated at the organization's expense.

1.13 **The Audit Report**

1.13.1 The **FSMS Standard Audit Report** shall provide a clear record of the products, audit purpose, findings (if needed) and conclusions. It is the major output of the audit process and shall be read and used by some people who were not at the audit and have no other information about the audit.

1.13.2 It is therefore important that the audit report gives a balanced view of the whole audit by way of general comments. Suggestions or recommendations on how to improve the system shall not be made with the comments as this constitutes provision of consultancy by the audit team.

1.13.3 The audit report shall bear the name of the organization and the physical address of the entities, which were audited, and the audited elements shall be on the audit programme and confirmed on the audit observation summary (QA F/44 for FSMS audits for example).

1.13.4 The audit report shall be confirmed and dated by the signature of the audit team leader. The report shall refer to the assessed ISO 22003-1 category and the relevant standard or other normative documents applied.

1.13.5 The organization shall declare on the Audit Report, if they have used a Consultant for training and/or system development since the last audit.

1.13.6 Both the audit team and the organization's representative shall declare gifts given to the audit team for CS to monitor impartiality of the auditors.

1.13.7 In the case where a hand written report was issued on the last day of the audit, the Lead auditor or Trainee Auditor shall ensure the typed the report gets to the customer within 5 working days of audit date.

1.13.8 The Lead auditor or Trainee Auditor shall return the client's file to the Document Controller or full time auditor for onward transmission and review. Any observations made on the audit records should be noted for the Manager CS's attention. The Manager CS shall make conclusions and approve the audit report. Communication shall be made with the client in cases where immediate attention is required.

**1.14 Conclusions and the Audit Report**

1.14.1 A comment on the status of the previous audit report i.e. whether or not all the nonconformities raised in the previous audit were cleared

1.14.2 The total number of nonconformities raised, including the number of major and minor nonconformities, a summary of these and the clauses of the standard under which they fall shall be stated on the relevant forms.

1.14.3 State that "It is not possible to audit all documentation and activities and therefore where no nonconformities are reported it does not follow that none exist".

1.14.4 State whether the audit covered all the areas on the audit plan and the relevant requirements.

1.14.5 Inform the organization that a Corrective Action Report with cause(s), distinct correction and corrective action) on in accordance to deadlines stipulated on the Nonconformance Form (QAF 7) and FSMS Standard Report (QAF 60FSMS)

1.14.6 The Lead Auditor and Trainee Auditor shall ensure that the Audit Report is composed of what was reported during the closing meeting.

1.14.7 All follow-up audit shall be conducted on site or offsite based on the recommendation by the Lead Auditor. Refer to the procedure PR44 on Follow-up audits.

1.14.8 After all has been said, state whether the management system **conforms** or not with the requirements of the relevant standard and whether the organization is to be recommended for certification or not and where applicable, any useful comparison with the results of previous audits of the organization. The audit team leader should make it clear to the client that the audit team only recommends but RAB has the final say on the certification decision.

1.14.9 A review of all the documents from the audit will be done and all documents will be uploaded onto Teams.

1.15 **Follow-up Audits**:

In the case where a follow up audit is required, duration will depend on the number of non-conformities that need to be closed. It is up to the auditor to decide the time needed to conduct the follow up related to NC close out based on the quantity of NC as well as on its categorization and associated risks.
Reference is also made to procedure PR44.

## 1.16 The Certification Decision

1.16.1 After all the nonconormities have been cleared after a Certification, Transfer or Recertification Audit, the Manager CS recommends the organization to the RAB for certification and Procedure PR/21 is followed to make this decision.

1.16.2 The certificate will be issued within 30 calendar days from the date of the certification decision. The certificate expires three years after the date of the initial certification decision. However, whilst the certificate is issued to the applicant site, it remains the property of SAZ under the conditions outlined in the contract.

1.16.3 On Certification, the organisation is included on the Annual Schedule.
Any of the surveillance audits will be an unannounced Audit. The certified organization can voluntarily choose to replace all surveillance audits by unannounced annual surveillance audits. Recertification audits may be conducted unannounced at the request of the certified organization. The first surveillance audit shall be conducted not more than 12 months from the date of certification decision (Procedure PR/32). An Audit programme
(QAF 90) shall be prepared by the lead auditor responsible for the file.

## 1.17 Managing audits with multiple functions across multiple sites

### 1.17.1 Head office audits

In all cases where functions pertinent to the certification are controlled by a head office (such as procurement, supplier approval, quality assurance etc.), those functions shall be audited, interviewing the personnel described in the food safety management system as having the (delegated) authority and responsibility for these functions. The functions at the head office shall be audited separately where they are not part of a site being assessed.
Every site belonging to the group shall have a separate audit. The head office audit shall be carried out prior to the site audit(s). The subsequent audit at the site(s) shall include a confirmation that the requirements set out by head office are appropriately incorporated into site specific documents and implemented in practice. The audit report shall show which FSMS
functions and/or processes have been audited at the Head Office.
All individual sites shall be audited within a time frame of 12 months from the audit of the head office. The Head Office cannot receive a separate certificate. The Head Office is mentioned on the site certificate.
At each site audit, the implementation of the corrective actions shall be verified and reported. In the event where non-conformities are raised in a head office audit, these are assumed to have an impact on the equivalent procedures applicable to all sites. Corrective actions shall therefore address the

communication across all certified sites within the group and appropriate actions for impacted sites. Such non-conformities and corrective actions shall be clearly identified in the relevant section of the site audit report.

1.17.2 **Off site activities**

Where one manufacturing or service process is split across more than one physical address, all locations may be covered in one audit, considering that the different addresses are:

- part of the same legal entity;
- under the same FSMS;
- the sole receiver/customer of each other.

Storage facilities at another location shall also be included in the same audit considering they meet the criteria mentioned above.

The certificate scope statement shall show the audited locations with activities per location. The audit report shall include all relevant requirements at all locations and allow audit findings to be identified as site specific.

1.18 **Certification of Multi-sites**

A multi-site organization is an organization having an identified central function (hereafter referred to as a central office – but not necessarily the headquarters of the organization) at which certain FSMS activities are planned, controlled or managed, and a network of sites at which such activities are fully or partially carried out. Examples of possible multi-site organizations include:

- organizations operating with franchises;
- a manufacturing company with one or more production sites and a network of sales offices;
- service organizations with multiple sites offering a similar service;
- organizations with multiple branches.

A multi-site organization under one management system will be certifed, providing that the following conditions apply:

- all sites are operating under one centrally controlled and administered FSMS;
- an internal audit has been conducted on each site within one year prior to certification;
- audit findings of the individual sites shall be considered indicative of the entire system and correction shall be implemented accordingly.

A multi-site organization need not be a unique legal entity, but all sites shall have a legal or contractual link with the central function of the organization and be subject to a single management system, which is laid down, established and subject to continuous surveillance and internal audits by the central function.

The central function shall be audited at least annually and before the SAZ audits of the (sampled) sites. Where necessary, a small number of the sample sites may be audited prior to the audit of the central function.

One audit report may be produced for the multi-site organization, including the central function information and specific information about each site audited. The summary sections of the audit report shall clearly reflect what was audited at each site with supporting objective evidence.

Alternatively, separate reports may be produced for the Central function and each of the sites, respectively.

The certificate shall be a group certificate.

Multi-site certification will only be done for the following categories:

1. A – Farming or handling of animals
2. B – Farming or handling of plants
3. F and G (may be permitted) – Trading, retail and e-commerce AND Transport and storage services.
4. E – Catering/food service(only for re-heating type facilities and also for those with limited preparation or cooking)

1.18.1 **Sampling for multisites**

Sampling will be done as per the current ISO 22003. Justification for sampling for multi-site certification shall be on the QA F57 FSSC where applicable.

Where sites are added to the group, an audit is required before adding them to the certificate either as a special audit or as part of the annual audit.

Once every 3 years, the annual audit shall be conducted fully unannounced as set out in, including the central function and the site audits.

1.18.2 **Central function requirements**

The central function shall hold the contract with SAZ and request to include multi-site sampling as part of the application process should they wish to include it.

It is the responsibility of the central function to ensure management commitment to the FSMS and have sufficient resources and technical capacity in place to support the system and the internal audit program.

The central function shall be impartial from the sites (e.g. have different/ dedicated employees, governance, management etc.). The central function shall take responsibility for coordinating, addressing, and closing out of nonconformities raised at site level in conjunction with the relevant sites.

Failure of the central function or any of the sites to meet the Scheme requirements, shall result in the whole organization, including the central function and all sites, not gaining certification.

1.18.3 **Multi-site management of non-conformities**

When nonconformities, are found at any individual site, either through the organization's internal auditing or from auditing by SAZ, investigation shall take place to determine whether the other sites may be affected. SAZ requires the organization to review the nonconformities to determine whether or not they indicate an overall system deficiency applicable to other sites. If they are found to do so, corrective action shall be performed and verified both at the central function and at the individual affected sites. If they are found not to do so, the organization shall be able to demonstrate to SAZ the justification for limiting its follow-up corrective action.

The following conditions also apply:

- Where a critical nonconformity is identified, the certificate of the multi-site organization shall be suspended within 3 working days of issuing the critical nonconformity, regardless of whether or not all the site audits have been completed;
- Where a major nonconformity is identified and the audit takes more than 30 calendar days to complete (central function and site audits), the organization shall provide a corrective action plan including any

temporary measures or controls necessary to mitigate the risk until the non-conformity is closed.

- SAZ shall require evidence of these actions and will increase sampling frequency and/or the size of sample until it is satisfied that control is reestablished.
- At the time of the decision-making process, if any site has a major nonconformity, certification shall be denied to the whole multi-site organization of listed sites pending satisfactory corrective action. nonconformity can be closed.
- The timeline for closure of nonconformities start at the end of the audit after completion of the central function audit and all the site audits.
- It shall not be admissible that, to overcome the obstacle raised by the existence of a nonconformity at a single site, the organization seeks to exclude from the scope the "problem" site during the certification process.

1.19 **Unannounced audits**

For each certified organization at least one surveillance audit is undertaken as an unannounced audit after the initial certification audit and within each three (3) year period thereafter.

The certified organization can voluntarily choose to replace all surveillance audits by unannounced annual surveillance audits. Recertification audits may be conducted unannounced at the request of the certified organization. When this situation applies, the certified organization should communicate formally of these dates. The initial certification audit (stage 1 and stage 2) shall not be performed unannounced.

1.19.1 **Execution of unannounced audits**

Certified organizations will not be notified in advance of the date of the unannounced audit and the audit plan will be shared at the opening meeting. SAZ Certification Services would have decided on which of the audits in the 3 year cycle will be unannounced. The unannounced audit will take place during normal operational working hours including night shifts when required. Blackout days may be agreed in advance.

The audit will start with an inspection of the production facilities which should commence within 1 hour after the auditor has arrived on site. In case of multiple buildings at the site the auditor shall, based on the risks, decide which buildings/facilities shall be inspected in which order.

All standard requirements shall be assessed including production or service processes in operation.

The certified organisation will be charged for unannounced audits and failure to

pay for unannounced audits is considered as breach of contract and SAZ will be required to consider suspension or withdrawal of certification. The quote for the audit will be supplied to the client during the audit.
Where parts of the audit plan cannot be audited, an (announced) follow-up audit shall be scheduled within 4 weeks. An invoice for this audit also applies.
If the certified organization refuses to participate in the unannounced audit, the certificate shall be suspended immediately. The certificate will be withdrawn if the unannounced audit is not conducted within a six-month timeframe from the date refusal.
The audit of separate Head offices controlling certain FSMS processes pertinent to certification separate to the site(s) shall be announced. Where Head Office activities are part of a site audit, they shall be unannounced.
Secondary sites (off-site activities) and off-site storage, warehouses and distribution facilities shall also be audited during the unannounced audit.

1.20 **Use if ICT approach**

SAZ Certification Services makes use of PR 50 Auditing through remote means and use of ICT which takes into account the requirements of IAF MD 4.

1.21 **Transfer of certification**

SAZ certification Services shall follow the requirements of PR 42 - Transfer of Accredited Certification of Management Systems for all FSMS transfers of certification. PR 42 takes into consideration the requirements of IAF MD 2.

1.22 **Management of serious events (extraordinary)**

In cases where an organization is affected by public food safety incidents (e.g. public recalls, food safety outbreaks, etc.) SAZ CS shall be notified within 03 working days to the Director/Manager CS.
Where an organization is affected by serious events that impact the FSMS, legality and/or the integrity of the certification which includes legal proceedings, prosecutions, situations which pose major threats to food safety, quality or certification integrity as a result of natural or man-made disasters the certified organisation shall inform SAZ CS through the Director/Manager CS.
SAZ CS will manage extraordinary serious event guided by IAF ID3.

***END OF PROCEDURE***